



Chances And Services for Youth

CCDF NEW EMPLOYMENT VERIFICATION FORM

Date: _____

Employee Name: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Hire Date: _____ Hours Per Week: _____ Rate of Pay: _____

Employer Identification Number (EIN): _____

Please note: Form **MUST include EIN number for business and/or business card attached for person signing statement.**

Employer Signature: _____